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CONFIRMATION NO. 4322

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*PS*  
 \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/412,958 09/23/2002

*Name*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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\*\* 12/16/2003

|   |                           |                        |                       |                             |
|---|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MD | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>51 | INDEPENDENT<br>CLAIMS<br>14 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                             |
| Verified and Acknowledged<br>Examiner's Signature <i>PS</i>   | Initials                  |                        |                       |                             |

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## TITLE

Rifalazil compositions and therapeutic regimens

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|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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